



Vertex Pharmaceuticals Incorporated  
130 Waverly Street • Cambridge, MA 02139-4242  
Tel. 617.444.6100 • Fax 617.444.6483  
<http://www.vrtx.com>

RECEIVED  
CENTRAL FAX CENTER

JAN 12 2007

## FAX TRANSMISSION

To	USPTO
Examiner	Michael P. Barker
Fax Number	(571) 273-8300
From	Michael C. Badia
Date	January 12, 2007
Application No.	10/749,121
Attorney Docket No.	VPI/02-05 US
	Amendment and Reply to Office Action
Total Pages	15

### Message or Comment

If any problems occur with this fax transmission, please call (617) 444-6467 immediately.

JAN 12 2007

Attorney Docket No.: VPI/02-05 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Michael P. Barker  
Group No. : 1626  
Applicant(s) : Jeffrey O. Saunders et al.  
Serial No. : 10/749,121  
Confirmation No. : 3285  
Filed : December 30, 2003  
Title : SULFHYDANTOINS AS PHOSPHATE  
ISCOSTERES

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent and Trademark Office on January 12, 2007.

Michael C. Badja

Typed or Printed Name



Signature

January 12, 2007  
Cambridge, Massachusetts

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Sir:

Transmitted herewith: ☒ an Amendment and Reply to Office Action; ☒ a Petition for One-month Extension of Time; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ Petition for Revival; to be filed in the above-identified patent application.

Applicants: Jeffrey O. Saunders et al.  
Application No. 10/749,121

# FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 50	= \$ 0
INDEPENDENT CLAIMS	-	** =	X \$ 200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$ 360	= \$

\* If less than 20, insert 20.

TOTAL

\$ 0

\*\* If less than 3, insert 3.

☐ A check in the amount of \$\_\_ in payment of the filing fee is transmitted herewith.

☐ Please charge \$\_\_ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

RECEIVED  
CENTRAL FAX CENTER

JAN 12 2007

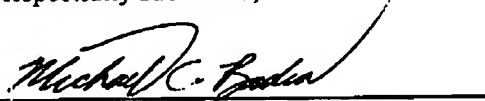
Applicants: Jeffrey O. Saunders et al.  
Application No. 10/749,121EXTENSION FEE

- ☒ The following extension is applicable to the Response filed herewith; ☒ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☒ Please charge the extension fee in the amount of ☒ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- ☐ Please charge \$\_\_\_\_\_ to Deposit Account No. 50-0725 in payment of the for \_\_\_\_\_ (37 C.F.R. §\_\_\_\_\_).

Respectfully submitted,



Michael C. Badia, Reg. No. 51,424  
Agent for Applicants  
c/o Vertex Pharmaceuticals Incorporated  
130 Waverly Street  
Cambridge, Massachusetts 02139  
Tel: (617) 444-6467  
Fax: (617) 444-6483  
Customer No. 27916